

CITY AND COUNTY OF SAN FRANCISCO

FIRST AMENDMENT

TO THE GRANT BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND HOMEBRIDGE, INC.

THIS AMENDMENT (this “Amendment”) is made as of **July 1, 2019**, in San Francisco, California, by and between **Homebridge, Inc., 1035 Market Street, L-1, San Francisco, CA 94103**, hereinafter referred to as “Grantee”, and the City and County of San Francisco,

RECITALS

WHEREAS, City and Grantee have entered into the Agreement (as defined below); and

WHEREAS, City and Grantee desire to modify the Agreement on the terms and conditions set forth herein to **extend the grant term, increase the grant amount, and update the scopes of services** and,

WHEREAS, Grantee represents and warrants that it is qualified to perform the services required by City as set forth under this Grant and Modification Agreement;

NOW, THEREFORE, Grantee and the City agree as follows:

1. Definitions. The following definitions shall apply to this Amendment:

a. Agreement. The term “Agreement” shall mean the Agreement dated **April 1, 2017** between Grantee and City.

b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division (“CMD”). Wherever “Human Rights Commission” or “HRC” appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean “Contract Monitoring Division” or “CMD” respectively.

c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. Modifications to the Agreement. The Agreement is hereby modified as follows:

[TO CHANGE CONTRACT DATES]

(a) Article 3.2. Duration of Term of the Agreement currently reads as follows:

The term of this Agreement shall commence on the later of (a) **April 1, 2017** and (b) the effective date specified in Section 3.1. Such term shall end at 11:59 p.m. San Francisco time on **June 30, 2019**.

Such section is hereby superseded in its entirety to read as follows:

The term of this Agreement shall commence on the later of (a) **April 1, 2017** and (b) the effective date specified in Section 3.1. Such term shall end at 11:59 p.m. San Francisco time on **June 30, 2020**.

- (b) **Article 5.1 Maximum Amount of Grant Funds** of the Agreement currently reads as follows:

The amount of the Grant Funds disbursed hereunder shall not exceed **Fifty Six Million Five Hundred Sixty One Thousand Three Hundred Seventy One Dollars (\$56,561,371)** for the period from **April 1, 2017 to June 30, 2019, plus any contingent amount authorized by City and certified as available by the Controller.**

Contingent amount: Up to **Five Million Six Hundred Fifty Six Thousand One Hundred Thirty Seven Dollars (\$5,656,137)** for the period from **July 1, 2018 to June 30, 2019 (Y3), may be available, in the City's sole discretion as a contingency but only subject to written authorization by the City and if monies are certified as available by the Controller.**

The maximum amount of Grant Funds disbursed hereunder shall not exceed **Sixty Two Million Two Hundred Seventeen Thousand Five Hundred Eight Dollars (\$62,217,508)** for the period from **April 1, 2017 to June 30, 2019 (Y1-Y3).**

Grantee understands that the maximum amount of Grant Funds disbursement identified above in Section 5.1 of this Agreement, includes the amount shown as the contingent amount and may not to be used in Program Budget(s) attached to this Agreement as Appendix B, and is not available to Grantee without a written revision to the Program Budgets of Appendix B approved by Agency. Grantee further understands that no payment of any portion of this contingency amount will be made unless and until such funds are certified as available by Controller. Grantee agrees to fully comply with these laws, regulations, and policies and procedures.

Such section is hereby replaced in its entirety to read as follows:

The amount of the Grant Funds disbursed hereunder shall not exceed **Eighty-Seven Million, Three Hundred Seventy-Two Thousand, Four Hundred Thirty-Six Dollars (\$87,372,436)** for the period from **April 1, 2017 to June 30, 2020, plus any contingent amount authorized by City and certified as available by the Controller.**

Contingent amount: Up to **Eight Million, Seven Hundred Thirty-Seven Thousand, Two Hundred Forty-Three Dollars (\$8,737,243)** for the period from **July 1, 2019 to June 30, 2020 (Y4), may be available, in the City's sole discretion**

as a contingency but only subject to written authorization by the City and if monies are certified as available by the Controller.

The maximum amount of Grant Funds disbursed hereunder shall not exceed **Ninety-Six Million, One Hundred Nine Thousand, Six Hundred Seventy-Nine Dollars (\$96,109,679)** for the period from **April 1, 2017 to June 30, 2019 (Y1-Y4)**.

Grantee understands that the maximum amount of Grant Funds disbursement identified above in Section 5.1 of this Agreement, includes the amount shown as the contingent amount and may not to be used in Program Budget(s) attached to this Agreement as Appendix B2 & B3, and is not available to Grantee without a written revision to the Program Budgets of Appendix B2 & B3 approved by Agency. Grantee further understands that no payment of any portion of this contingency amount will be made unless and until such funds are certified as available by Controller. Grantee agrees to fully comply with these laws, regulations, and policies and procedures.

- (c) **Appendix A.** Appendix A, of the agreement describes the services to be provided.

Such section is hereby replaced in its entirety by **Appendix A-3**, Services to be Provided, pgs 1-11

- (d) **Appendix A-1.** Appendix A1, of the agreement describes the services to be provided.

Such section is hereby replaced in its entirety by **Appendix A-4**, Services to be Provided, pgs 1-5

- (e) **Appendix B.** Appendix B, Calculation of Charges, pp. 1-4 of the Agreement displays the original total amount of **\$54,320,909**.

Such section is hereby replaced in its entirety by **Appendix B-2**, Calculation of Charges, pp. 1-4, which displays the budget as herein modified to **\$84,036,130**.

- (f) **Appendix B-1.** Appendix B-1, Calculation of Charges, pp. 1-3 of the Agreement displays the original total amount of **\$2,240,462**.

Such section is hereby replaced in its entirety by **Appendix B-3**, Calculation of Charges, pp. 1-3, which displays the budget as herein modified to **\$3,336,305**.

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(g) **17.6 Entire agreement** section 17.6 is hereby replaced in its entirety to read as follows:

17.6 Entire Agreement. This Agreement and the Application Documents set forth the entire Agreement between the parties, and supersede all other oral or written provisions. If there is any conflict between the terms of this Agreement and the Application Documents, the terms of this Agreement shall govern. The following appendices are attached to and a part of this Agreement:

Appendices A-3, A-4, Services to be Provided
Appendices B-2, B-3, Budget
Appendix C, Method of Payment
Appendix D, Interests in Other City Grants
Appendix E, Permitted Subgrantees
Appendix F, Federal Award Information
Appendix G, Federal Requirements for Subcontractors
Appendix H, HIPPA Business Associate Addendum

3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after **July 1, 2019**.

4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

**Appendix A-3 – Services to be Provided
Homebridge
In-Home Supportive Services - Contract Mode**

Effective April 1, 2017 – June 30, 2020

I. Purpose of Grant

The purpose of this grant is to provide In-Home Supportive Services (IHSS) to recipients who are at risk and who are unable to hire and supervise their own home care providers or who have behavioral issues that create barriers to service delivery. The IHSS Program provides assistance to eligible older adults and adults with disabilities who are unable to remain safely in their own homes without this assistance. The City has approved this grant to maximize options and ensure alternatives to out-of-home care for eligible older adults and adults with disabilities. This Grant is let in accordance with Title XIX and Title XX, of the Social Security Act; California State Welfare and Institutions Code, Sections 12300 et seq., California State Department of Social Services (CDSS) Manual of Policy and Procedures (MPP), Divisions 10, 19, 21, 22, 23, 25, 30 and 46, et seq., Office of Management and Budget (OMB) Circulars. Grantee shall comply with all provisions specified in this Grant.

II. Definitions

City	City and County of San Francisco
CMIPS II	Case Management, Information and Payrolling System II
DAAS	San Francisco Department of Aging and Adult Services, a division of HSA
HSA	Human Services Agency of the City and County of San Francisco
Medi-Cal	The California Medical Assistance Program is a California Medicaid welfare program serving low-income individuals, with incomes below 138% of federal poverty level.
IHSS	In-Home Supportive Services
Intensive Supervision	Frequent contact and support to both IHSS recipient and home care providers in order to overcome barriers to service delivery
OSHA	Refers to California Occupational Safety and Health Administrations

III. Target Population

- A. To be eligible for IHSS, recipients must be living either in their own homes, SRO hotels, shelters, public or senior housing within the boundaries of San Francisco County, and must meet the following conditions:

1. Be sixty-five years or older and/or a person with disabilities
 2. Currently receive Full-Scope Medi-Cal
 3. Receive approval from a Licensed Health Care Professional to receive IHSS through IHSS Health Certification Form SOC 873, per Welfare and Institutions Code section 12309.1
- B. Eligible IHSS clients must meet all of the following criteria to be considered for referral to Contract Mode:
1. Willing to accept Contract Mode Services after 3 good faith efforts to engage in services are made by Contract Mode;
 2. Without stable home care services, is at risk for premature institutionalization, eviction and/or health and safety issues;
 3. No other stable support system is in place to adequately provide home care needs or provide consistent assistance to successfully maintain an IP; and
 4. Has not terminated from Contract Mode services in the past 6 months or less due to egregious behavior or lack of engagement.
- C. IHSS clients must also meet at least one of the following criteria:
1. Moderate to severe mental health, cognitive impairment and/or substance misuse that affects their ability to hire and manage an Independent Provider (IP); and/or
 2. Physical condition(s) that prevents client from being able to coordinate a full care plan to meet domestic and personal care needs while supervising an IP; and/or
 3. Recent or pending discharge from hospital or skilled nursing facility (SNF) with no community or other support system; and/or
 4. Requires heavy cleaning with or without on-going Homebridge Services; and/or
 5. Adult Protective Services (APS)/IHSS Investigations confirmed abuse or neglect by previous IP, family member and/or partner.

IV. Description of Services

- A. Grantee shall provide the following services during the term of this contract:

Provide supervised IHSS for a maximum of:
 166,319 hours for fiscal year 2016-17;
 476,899 hours for fiscal year 2017-18;
 540,000 hours for fiscal year 2018-19;
 514,863 hours for fiscal year 2019-20.

In all respects, the grantee shall comply with Federal, State and City reporting requirements.

B. Description of In-Home Supportive Services

1. Domestic services, which includes: Sweeping, vacuuming, washing and waxing the floor surfaces; Washing kitchen counters and sinks; Cleaning the bathroom; Storing food and supplies; Taking out garbage; Dusting and picking up; Cleaning oven and stove; Cleaning and defrosting refrigerator; Bringing in fuel for heating or cooking purposes from a fuel bin in the yard; Changing bed linen; and Miscellaneous domestic services such as changing light bulbs.
2. Heavy cleaning that involves thorough cleaning of the home to remove hazardous debris or dirt. The City shall have the authority to authorize this service, only at the time IHSS is initially granted, to enable the provider to perform continuous maintenance, or, if a lapse in eligibility occurs, eligibility is reestablished and IHSS services have not been provided within the previous 12 months. The City shall have the authority to authorize this service should the recipient's living conditions result in a substantial threat to his/her health/safety. Such service may also be authorized when a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance.
3. Related services limited to: Planning of meals; Preparation of meals includes such tasks as washing vegetables, trimming meat, cooking, setting the table, servicing the meal, cutting the food into bite-size pieces; Meal cleanup including washing drying, and putting away dishes, pots, utensils and culinary appliances; Routing mending, laundry, ironing, folding, and storing clothes on shelves or in drawers; Reasonable food shopping and other shopping/errands limited to the nearest available stores or other facilities consistent with the recipient's economy and needs;
4. Non-medical personal services limited to:
 - a. Bowel and bladder care such as assistance with enemas, emptying of catheter or ostomy bags, assistance with bed pans, application of diapers, changing rubber sheets, assistance with getting on and off commode or toilet;
 - b. Respiration limited to nonmedical services such as assistance with self-administration of oxygen and cleaning of intermittent positive pressure breathing (IPPB) machines;
 - c. Consumption of food consisting of feeding or related assistance to recipients who cannot feed themselves or who require assistance with special devices in order to feed themselves;
 - d. Routine bed baths;
 - e. Bathing, oral hygiene, grooming;
 - f. Dressing;
 - g. Rubbing of skin to promote circulation, turning in bed and other types of repositioning, assistance on and off the seats and wheelchairs, or into

or out of vehicles, and range of motion exercises, which shall be limited to the following:

- i. General supervision of exercises, which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse or disease.
 - ii. Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient's capacity and tolerance. Such exercises shall include the carrying out of maintenance programs; i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
 - h. Moving into and out of bed;
 - i. Care of and assistance with prosthetic devices and assistance with self-administration of medications. Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up medi-sets;
 - j. Routine menstrual care limited to application of sanitary napkins and external cleaning;
 - k. Ambulation consisting of assisting the recipient with walking or moving the recipient from place to place.
5. Accompaniment services when the recipient's presence is required at the appointment and assistance is necessary to accomplish the appointment are limited to:
- a. Accompaniment to and from appointments with physicians, dentists and other health practitioners;
 - b. Accompaniment necessary for fitting health related appliances/devices and special clothing;
 - c. Accompaniment to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.
6. Yard hazard abatement, which is light work in the yard, may be authorized for:
- a. Removal of high grass or weeds and rubbish when this constitutes a fire hazard;
 - b. Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
7. Protective supervision consisting of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.
- a. This service is available for monitoring the behavior of non-self-directing, confused, mentally impaired, or mentally ill persons with the following exceptions:

- i. Protective supervision does not include friendly visiting or other social activities;
 - ii. Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical;
 - iii. Supervision is not available in anticipation of a medical emergency;
 - iv. Supervision is not available to prevent or control antisocial or aggressive recipient behavior.
- b. Protective supervision is available under the following conditions:
 - i. County IHSS staff has determined that a 24-hour need exists for protective supervision and that the recipient can remain at home safely if protective supervision is provided; and
 - ii. Services staff determines that the entire 24-hour need for protective supervision can be met through any of the following or combination of the following:
 - 1. In-Home Supportive Services; and
 - 2. Alternative resources; and
 - 3. A reassurance phone service when feasible and appropriate.

Feasibility and appropriateness will be determined exclusively by the County IHSS staff.

The proposed method of meeting protective supervision need **MUST** be approved by San Francisco County. Discretion of the Grantee is not allowed.

- 8. Teaching and demonstration services are provided by IHSS providers to enable recipients to perform for themselves, services which they currently receive from IHSS.

Teaching and demonstration services are limited to instruction in those tasks listed in CDSS MPP 30-757.11, .13, .14, and .16.

- a. This service shall be provided by persons who have successfully completed at least an appropriate number of hours of training, as approved by the Agency and as evidenced by a valid certificate or other proof of training completion;
 - b. This service shall only be provided when the provider has the ability to do so effectively and safely.
- 9. Paramedical services are provided under the following conditions:
 - a. The services shall have the following characteristics:
 - i. The activities, which persons would normally perform for themselves but for their functional limitations;

- ii. The activities, which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.
 - b. The services shall be provided when ordered by a licensed health care professional who is lawfully authorized to do so. The recipient shall select the licensed healthcare professional;
 - c. The services shall be provided under the direction of the licensed health care professional;
 - d. The licensed health care professional shall indicate to social services staff the time necessary to perform the ordered services.
10. IHSS in the Workplace will be provided according to AB 925, which amended Welfare and Institutions Code (WIC) section 12300 and added WIC section 14132.955.
- a. IHSS recipients are allowed to transfer service hours authorized for use in the recipient's home to a workplace in order to enable the recipients to obtain, retain, or return to work. The IHSS recipients are not allowed additional service hours in the workplace beyond those authorized for the home.
 - b. The COUNTY will designate which, if any, of the authorized services are to be provided in a recipient's workplace.

V. Service Objectives

On an annual basis, the Contractor will meet the following Service Objectives:

- A. Grantee will provide an annual average of at least 65% of Total Authorized Hours of IHSS.
- B. Grantee will provide an annual average of at least 95% of Authorized Hours of IHSS when recipients are available for and accept service.
- C. Grantee will provide services to 95% of new recipients within the HSA-required 5-day period or 24-hour emergency period, as specified by HSA worker.
- D. Grantee will dispatch replacement workers to 95% of recipients needing non-personal care within four (4) hours of notification that the scheduled worker did not show up.
- E. Grantee will dispatch replacement workers to 95% of recipients needing personal care within two (2) hours of notification that the scheduled worker did not show up.
- F. Grantee will follow established protocols to notify IHSS of critical incidents within 48 hours of event knowledge at least 99% of the time.

VI. Outcome Objectives

On an annual basis, the Contractor will meet the following Outcome Objectives:

- A. On the annual, comprehensive, anonymous written satisfaction survey of recipients (provided in the language spoken by the recipients), at least 95% of recipients will indicate the following:
 - 1. the Grantee services helped them remain living independently at home
 - 2. the Provider regularly arrived on time
 - 3. the Provider provided the necessary authorized services
 - 4. the Provider responded satisfactorily to recipient requests regarding preferred care methods
 - 5. the recipient could communicate to Grantee staff in native language
 - 6. the cultural and ethnic needs were met (e.g., food preparation)
 - 7. the level of supervision and support to the recipient was adequate to meet recipient needs
 - 8. the level of supervision and support to the Provider was adequate to meet recipient needs
 - 9. if the recipient had encountered problems in service delivery, that the problems were resolved in a timely and satisfactory manner.

- B. In the annual home care provider evaluations conducted by the Field Supervisors, at least 95% of recipients rate their Providers quality of work as “good” or “excellent” in the areas of
 - 1) quality of work
 - 2) ability to perform all authorized tasks
 - 3) relationship to recipient
 - 4) communication skills with recipient
 - 5) sensitivity to recipient’s needs
 - 6) timeliness

- C. Quarterly compilation of 20% of recipient timesheets (Recipient Time Tracking) will show that at least 95% of recipients will have indicated on their timesheets “the Provider came within the time frame needed.”

VII. Reporting and Other Requirements

In all respects, the grantee shall comply with Federal, State and City reporting requirements.

A. Annual Reporting Requirements:

- 1. A Contract Mode Quality Assurance Plan and Report that details annual findings from the ongoing comprehensive quality assurance activities designed to objectively and systematically monitor the quality of IHSS provided to recipients. The report must include proposals for addressing any areas in which Grantee/Contractor did not meet its own standards for the coming year.

- 2. A Recipient Satisfaction Survey report, including at least the measurements stated in Section VI, Outcome Objectives.

B. Quarterly Reporting Requirements:

1. Quarterly reporting will include data on progress toward each service and outcome objective as required in Section VI, Outcome Objectives.
2. The Grantee shall submit within 30 (thirty) days following each three-month period a detailed accounting of the actual costs incurred in providing the IHSS services under this contract/grant. This accounting report shall tie to the year-end audited report.
3. Grantee/Contractor shall submit a Utilization Management (UM) quarterly report that includes analysis of service utilization trend, rationale of underutilization, and projection of future utilization.

C. Monthly Reporting Requirements:

Monthly reporting will include: 1) Total costs incurred for the provision of services, and 2) a wide range of program information. The following is a list of the information to be reported on a monthly basis. Reports must be submitted via both email and in a format provided by HSA.

1. Hours Authorized
2. Hours Served
3. Hours requested
4. Hours cancelled and/or locked out
5. % served of authorized
6. Number of recipients served
7. Additional service hours available for following month (capacity)
8. Home Care Provider: Total, serving and broken down by tiers
9. Overserved hours
10. Share of Cost
11. Identified items in CMIPS requiring joint corrective action.

Grantee will provide Ad Hoc reports as required by the Department. All required reports must be loaded into HSA's Contracts Administration, Reporting, and Billing Online (CARBON) system.

For assistance with reporting requirements or submission of reports, contact:

David.kashani@sfgov.org

Senior Administrative Analyst, Office of Contract Management
or

Krista.Blyth-Gaeta@sfgov.org

Program Director, IHSS Program Director

D. Electronic Visit Verification

Grantee shall comply with the Electronic Visit Verification (EVV) federal statutory requirements pursuant to Subsection 1 of Section 1903 of the Social

Security Act (42 U.S.C. 1396b) by ensuring the EVV system verifies for all providers: type of service performed; individual receiving the services; date of service; location of service delivery; individual providing services; and times the service begins and ends.

E. SF HSA Mandatory Training and Meeting Requirements

It is important for effective and efficient service delivery that the Grantee has a good understanding of State In-Home Supportive Services rules and regulations, as well as local IHSS program policies and procedures.

Grantee/Contractor must designate key management and supervisory staff to attend trainings annually with the HSA IHSS program and to demonstrate a clear understanding of IHSS regulations, the method by which services are authorized by the San Francisco IHSS program, as well as the HSA IHSS program's procedures for Contract Mode cases. Trained Grantee/Contractor staff will be responsible for training other staff on IHSS Program regulations and procedures.

HSA conducts case conferences on a weekly or as needed basis in its offices at 1650 Mission Street, San Francisco, with its IHSS Grantees. The purposes of these conferences are to discuss:

1. Service delivery issues about individual recipients; and
2. Other issues of concern of either SF HSA and/or the Grantee/Contractor.

Attendance of these meetings is mandatory and all appropriate information and minutes obtained from the meetings must be disseminated to all attendees. The Grantee/Contractor is responsible for maintaining information and minutes from these meetings in its recipient files.

F. Quality Assurance Requirements

1. Grantee must develop an annual written Quality Assurance Program with clearly defined goals, measurements, mechanisms and frequencies of monitoring each year. Grantee/Contractor will report on this plan annually as stated above. The Quality Assurance Program must include at a minimum standards for the following service delivery elements:
 - a. Rate of turnover of primary Home Care Provider for recipients
 - b. Home Care Provider qualifications
 - c. Number of Supervisory visits with recipients per year
 - d. Rate of ability to match language and cultural needs of recipients
2. Grantee must develop and implement a Policy and Procedures manual that includes selection protocol and oversight of home care providers to ensure

that the home care providers selected are competent in performing IHSS tasks according to the State mandates. The manual should also include procedures for working with recipients who refuse services, are violent or threatening towards home care providers, and who live in dangerous environments. This manual is to be shared with the County annually. The Grantee must forward any changes in the Policy and Procedures manual to the County.

3. Grantee must develop and implement a recruitment program that clearly defines short and long-term goals in recruiting qualified providers that will meet the needs of a diverse and at-risk population. Grantee must also develop and implement a recruitment program that clearly defines short and long-term goals in recruiting Independent Providers and IHSS Public Authority Registry Providers to its skill development training courses.
4. Grantee must develop and implement a Grievance Policy and Procedure following HSA policies and listing required steps for a timely communication to HSA of all grievances filed, actions taken to resolve the grievances, the results, and the follow up plans, within a maximum of 30 days of grievances filed by recipients.
5. Grantee must develop and implement a clearly defined Utilization Management (UM) structure and processes including data collection mechanism, data analysis, executive summary, follow up action plans, and responsible individuals for tracking service hours. The analysis must be conducted on a quarterly basis and, at a minimum, include the trend of service utilization, rationale of underutilization, and projection of future utilization.
6. Grantee must develop and implement a written Confidentiality Program that complies with HIPPA and other SF City and HSA confidentiality requirements and describe in detail how the confidentiality of recipient information is maintained.
7. Grantee will develop and implement a Recipient Satisfaction Survey instrument to measure the quality of care received by the recipients on an annual basis. The instrument must be provided in the language spoken by the recipients and include indicators described in Section VI, Outcome Objectives.
8. Grantee will develop and implement a Home Care Provider Evaluations instrument annually measure the performance of the providers.
9. Grantee will develop and implement student evaluations for all Skill Development Training courses. The results of these evaluations will be compiled and included in the annual Skill Development Training Report.

10. Grantee will develop Post Training Support Goals annually, and develop methods to monitor progress towards these goals on a regular basis. Progress towards these goals will be compiled and included in the annual Skill Development Training Report.

G. Personal Care Services Program and IHSS Plus Waiver Enrollment

1. The Grantee will become the enrolled provider in the contract mode for the Personal Care Service Program (PCSP) and IHSS Plus Waiver Enrollment (IPW). This will occur as soon as San Francisco County has a signed enrollment form from the Grantee in its possession. The Grantee shall, at a minimum, certify the following:
2. All employees of the grantee are qualified to provide the care authorized;
3. All claims submitted to the San Francisco County for services to recipients of IHSS and provided by the grant, will be provided as authorized for the recipient;
4. That payment of the claims will be from federal and/or state funds and that any false statement, claim, or concealment of information may be prosecuted under federal, and/or state laws; and
5. That services will be offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, sexual orientation, age, or physical or mental disability.

VIII. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of specific program standards or requirements as outlined above; back-up documentation for reporting progress towards meeting service and outcome objectives; internal policies and procedures; personnel files for homecare providers; training standards and requirements; and records maintenance.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**Appendix A-4 – Services to be Provided
Homebridge
Provider Skill Development Training and Supports**

April 1, 2017 – June 30, 2020

I. Purpose of Grant

The purpose of this grant is to provide ongoing basic and advanced hard and soft skill development training to IHSS providers. Skill development is training that has a direct relationship to job competencies required of a home care provider that will enable them to provide safe, efficient and appropriate domestic and personal care services. Grantee shall assess the skill level of each home care provider in relation to the domestic and personal care services they will be required to perform and shall provide training that relates to job competencies. Additionally, Grantee must offer post training supports to IHSS providers that have completed training. The Grantee shall maintain records of all home care providers’ skill assessments and specific training provided to meet minimum standards of competency.

The primary service goal for Provider Skill Development Training and Supports is to strengthen the home care workforce in San Francisco through the provision of standardized skill development training and supports to Contract Mode and Independent Providers of IHSS, as well as IHSS Registry Providers.

II. Definitions

City	City and County of San Francisco
DHS	San Francisco Department of Human Services, a division of HSA
HSA	Human Services Agency of the City and County of San Francisco
IHSS	In-Home Supportive Services
OSHA	Refers to California Occupational Safety and Health Administrations

III. Target Population

IHSS home care providers who are employed by the Grantee for IHSS – Contract Mode, who are currently working as IHSS Independent Providers, and/or are currently listed on the San Francisco IHSS Public Authority Registry.

IV. Description of Services

Grantee shall provide the following services during the term of this contract:

Standardized soft and hard skill development training and supports to Contract Mode and Independent Providers of IHSS, as well as IHSS Registry Providers.

In all respects the grantee shall comply with Federal, State and City reporting requirements.

Description of Provider Skill Development Training and Supports

- A. Grantee must provide ongoing basic and advanced skill development training to IHSS providers. Skill development is training that has a direct relationship to job competencies required of a home care provider that will enable them to provide safe, efficient and appropriate domestic and personal care services.
 - a. Basic Provider Training consists of courses aiming to help students master key areas of domestic and personal care. Topics to be included must contain at least the following: emergency preparedness, infection and exposure control, food and medication interaction, food safety and sanitation, home safety, OSHA requirements, CPR and First Aid, and personal care and home care standards. Basic Provider Training for IHSS Independent Providers or Registry Providers must include courses on IHSS Timesheets (promoting and advocating the use of electronic timesheets), Overtime, and Payment processes.
 - b. Advanced Provider Training consists of courses that focus on specific areas providers may need to learn more about such as fall prevention, using durable medical equipment, mental illness and substance abuse in recipients, self-care and nutrition.
- B. Grantee shall assess the skill level of each home care provider in relation to the domestic and personal care services they will be required to perform and shall provide training that relates to job competencies.
 - a. The Grantee shall maintain records of all home care providers' skill assessments and specific training provided to meet minimum standards of competency.
- C. Grantee must offer post training supports to IHSS providers that have completed training.
 - a. Post Training Supports consists of services to ensure IHSS home care providers are using skills they learned after receiving training successfully such as post training mentoring, on-the-job training, and/or career counseling.
- D. Grantee shall ensure training is easily accessible to home care providers.

V. Service Objectives

On an annual basis, the Contractor will meet the following Service Objectives:

- 1. Grantee will provide basic Skill Development Training to 100% of its staff providers.

2. Grantee will provide advanced Skill Development Training to at least 75% of its staff providers.
3. Grantee will provide basic training to 100% of IHSS Registry providers.
4. Grantee will provide orientation, basic and specialized training to at least 5% of non-Registry affiliated Independent Providers or IHSS Registry workers taking specialized training.

VI. Outcome Objectives

On an annual basis, the Grantee will meet the following Outcome Objectives:

- A minimum of 95% of providers completing basic and/or specialized Skills Development Training indicates they "agree" or "strongly agree" that the training helped them to take better care of their recipients on the student evaluation forms.

VII. Reporting and Other Requirements

1. Annual Reporting Requirements:

- a. A Skill Development Training Plan and Report including outreach plans, curriculum, schedules, staff qualifications, and projected and actual attendance of training sessions, as well as post-training support goals and outcomes. The plan and report will consider the results of "The Training Needs & Solutions for Independent Providers – Homebridge Research Study". This report shall also include the results of student evaluations of trainings received as well as post training skill assessment records.
- b. A Training Evaluation report completed by providers who have attended Skills Development Training, including at least the measurements stated in Section VI, Outcome Objectives

2. Quarterly Reporting Requirements:

IHSS Provider Skills Development Training quarterly report to include the following:

- 1) Total Number of providers trained
- 2) Subjects covered
- 3) Instructor Hours of training

- 4) Total Unduplicated Number of Contractor Employees, IHSS Independent Providers, and IHSS Registry providers who received training
- 5) Total number of IHSS providers who received post training support

Grantee will provide Ad Hoc reports as required by the Department. All required reports must be loaded into HSA's Contracts Administration, Reporting, and Billing Online (CARBON) system.

For assistance with reporting requirements or submission of reports, contact:

David.Kashani@sfgov.org
Senior Administrative Analyst, Office of Contract Management

or

Krista.blyth-gaeta@sfgov.org
Program Director, IHSS Program Director

3. Quality Assurance Requirements

- a. Grantee will develop and implement student evaluations for all Skill Development Training courses. The results of these evaluations will be compiled and included in the annual Skill Development Training Report.
- b. Grantee will develop Program Post Training Support Goals annually, and develop methods to monitor progress towards these goals on a regular basis. Progress towards these goals will be compiled and included in the annual Skill Development Training Report.
- c. Grantee must develop and implement a recruitment program that clearly defines short and long term goals in recruiting Independent Providers and IHSS Public Authority Registry Providers to its skill development training courses.

VIII. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of specific program standards or requirements as outlined above; back-up documentation for reporting progress towards meeting service and outcome objectives; internal policies and procedures; personnel files for homecare providers; training standards and requirements; and records maintenance.

- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM**

Name: Homebridge					Term April 1, 2017 - June 30, 2020
(Check One) New <input type="checkbox"/> Renewal/Modification <input checked="" type="checkbox"/>					
	Original	Original	Original	NEW	
Program: IHSS Contract Mode Services	IHSS Contract Mode	IHSS Contract Mode	IHSS Contract Mode	IHSS Contract Mode	IHSS Contract Mode
Budget Reference Page No.(s)					TOTAL
Program Term	4/1/2017-6/30/2017	7/1/2017-6/30/2018	7/1/2018-6/30/2019	7/1/2019-6/30/2020	4/1/2017-6/30/2020
Expenditures					
Salaries & Benefits	\$4,819,522	\$19,066,574	\$22,367,284	\$21,963,325	\$68,216,705
Operating Expense	\$806,027	\$2,526,764	\$2,424,721	\$2,258,420	\$8,015,932
Subtotal	\$5,625,549	\$21,593,338	\$24,792,005	\$24,221,746	\$76,232,638
Indirect Percentage (%)	10.0%	10.8%	10.0%	10.0%	
Indirect Cost (Line 16 X Line 15)	\$562,555	\$2,339,562	\$2,479,201	\$2,422,175	\$7,803,492
Capital Expenditure	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$6,188,104	\$23,932,900	\$27,271,206	\$26,643,921	\$84,036,130
HSA Revenues					
Federal CFDA 93.778	\$1,547,026	\$5,983,225	\$6,817,802	\$6,660,980	\$21,009,033
State	\$1,732,669	\$6,701,212	\$7,635,938	\$7,460,298	\$23,530,117
Local	\$2,908,409	\$11,248,463	\$12,817,466	\$12,522,643	\$39,496,981
Other Revenues					
Total Revenues	\$6,188,104	\$23,932,900	\$27,271,206	\$26,643,921	\$84,036,131
Full Time Equivalent (FTE)	445	391	436	404	1,696
Program Staff	66	67	67	67	267
HCPs	379	324	369	337	1,429

Program Name: IHSS Contract Mode Services
 (Same as Line 9 on HSA #1)

Salaries & Benefits Detail - Program Staff

POSITION TITLE	4/1/2017- 6/30/2017	7/1/2017- 6/30/2018	7/1/2018- 6/30/2019	Agency Totals		For HSA Program		7/1/2019- 6/30/2020	4/1/2017-6/30/2020
	Original			Agency Totals		For HSA Program		New	TOTAL
	Budgeted Salary	Budgeted Salary	Budgeted Salary	Annual Full TimeSalary y for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary
Directors and Managers	\$181,303	\$688,052	\$745,237	\$86,198	10	100%	10	\$763,361	\$2,377,954
Care Supervisors and Schedulers	\$490,004	\$1,966,655	\$2,098,765	\$53,754	43	100%	43	\$1,852,693	\$6,408,117
Support Staff	\$189,531	\$574,453	\$648,322	\$55,465	14	100%	14	\$1,099,739	\$2,512,045
On-call services and OT	\$14,243	\$72,272	\$68,609					\$28,722	\$183,846
									\$11,481,963
TOTALS	\$875,081	\$3,301,433	\$3,560,934		67	100%	67	\$3,744,515	\$11,481,963
FRINGE BENEFIT RATE	37.8%	37.3%	36.2%					31.0%	34.9%
EMPLOYEE FRINGE BENEFITS	\$330,781	\$1,230,739	\$1,288,475					\$1,161,299	\$4,011,294
TOTAL SALARIES & BENEFITS	\$1,205,862	\$4,532,173	\$4,849,409					\$4,905,813	\$15,493,256

HSA #2

Program Name: IHSS Contract Mode Services
(Same as Line 9 on HSA #1)

Operating Expense Detail

Shared Costs:	Original	Original	Original	NEW	TOTAL	
Expenditure Category	TERM	4/1/2017-6/30/2017	7/1/2017-6/30/2018	7/1/2018-6/30/2019	7/1/2019-6/30/2020	4/1/17-6/30/20
Rental of Property/Occupancy Expenses		\$142,114	\$592,901	\$643,385	\$647,046	\$2,025,447
Utilities(Elec, Water, Gas, Phone, Scavenger)		\$23,638	\$109,410	\$109,410	\$108,304	\$350,761
Office Supplies, Postage		\$22,815	\$62,784	\$62,784	\$45,127	\$193,510
Building Maintenance Supplies and Repair		\$7,878	\$17,498	\$17,498	\$19,961	\$62,835
Printing and Reproduction		\$5,337	\$29,150	\$29,150	\$31,241	\$94,879
Insurance		\$30,986	\$98,267	\$98,267	\$93,030	\$320,550
Staff Training		\$2,079	\$36,756	\$36,756	\$18,745	\$94,336
Staff Travel-(Local & Out of Town)						
Rental of Equipment						
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE						
OTHER						
Payroll/HRMS		\$11,564	\$132,280	\$132,280	\$69,425	\$345,549
Technology - Shared Costs		\$47,741	\$88,595	\$88,595	\$129,131	\$354,063
Direct Expenses						
Direct Consulting		\$97,779	\$106,444	\$36,000	\$40,000	\$280,223
Wage Tier Evaluation			\$100,000	\$100,000		\$200,000
Direct Technology Support		\$299,676	\$568,301	\$468,845	\$475,000	\$1,811,822
Direct Travel		\$74,449	\$328,394	\$343,400	\$310,000	\$1,056,243
Direct Hiring Expenses		\$33,288	\$34,735	\$41,000	\$55,500	\$164,523
Direct Supplies		\$6,683	\$130,340	\$126,441	\$125,000	\$388,464
Heavy cleaning		\$0	\$90,908	\$90,909	\$90,910	\$272,727
TOTAL OPERATING EXPENSE		\$806,027	\$2,526,764	2,424,721	2,258,420	\$8,015,932

	A	B	C	D	E	F
1	Appendix B3, Page 1					
2	Document Date:					3/28/2019
3	HUMAN SERVICES AGENCY BUDGET SUMMARY					
4	BY PROGRAM					
5	Name			Term		
6	Homebridge			April 1, 2017 - June 30, 2020		
7	(Check One) New <input type="checkbox"/> Renewal/Modification <input checked="" type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: Provider Skill Development Training and Supports	Provider Training	Provider Training	Provider Training	Provider Training	Provider Training
10	Budget Reference Page No.(s)	Original	Original	Original	NEW	Total
11	Program Term	4/1/2017-6/30/2017	7/1/2017-6/30/2018	7/1/2018-6/30/2019	7/1/2019-6/30/2020	4/1/2017-6/30/2020
12	Expenditures					
13	Salaries & Benefits	\$128,880	\$479,615	\$568,276	\$566,322	\$1,743,094
14	Operating Expense	\$99,200	\$442,822	\$372,968	\$374,922	\$1,289,912
15	Subtotal	\$228,080	\$922,437	\$941,244	\$941,244	\$3,033,006
16	Indirect Percentage (%)	10.0%	10.0%	10.0%	10.0%	10.0%
17	Indirect Cost (Line 16 X Line 15)	\$22,808	\$92,244	\$94,124	\$94,124	\$303,300
18	Capital Expenditure	\$0	\$0	\$0	\$0	\$0
19	Total Expenditures	\$250,888	\$1,014,681	\$1,035,368	\$1,035,368	\$3,336,305
20	HSA Revenues					
21						
22	Federal CFDA 93.778	\$125,444	\$507,340	\$517,684	\$517,684	\$1,668,152
23	State	\$87,811	\$355,138	\$362,379	\$362,379	\$1,167,707
24	Local	\$37,633	\$152,203	\$155,305	\$155,305	\$500,446
25						
26						
27						
28						
29	TOTAL HSA REVENUES	\$250,888	\$1,014,681	\$1,035,368	\$1,035,368	\$3,336,305
30	Other Revenues					
31						
32						
33						
34						
35						
36	Total Revenues	\$250,888	\$1,014,681	\$1,035,368	\$1,035,368	\$3,336,305
37	Full Time Equivalent (FTE)	6.8	6.0	6.0	6.8	
39	Prepared by: Juliana Terheyden	Telephone No.: 415-659-5345		3/28/2019		
40	HSA-CO Review Signature: _____					
41	HSA #1					

